

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F66141

1. Entity Name

R & W ENTERPRISES OF NAPLES, INC.

FILED

Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90158 007 ***150.00

Principal Place of Business

4427 MERCANTILE AVE.
NAPLES FL 34104
US

Mailing Address

4427 MERCANTILE AVE.
NAPLES FL 34116-6515
US

2. Principal Place of Business

2111 41st Terrace, SW
Suite, Apt. #, etc.

3. Mailing Address

2111 41st Terrace, SW
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Naples, FL

City & State

Naples, FL

4. FEI Number

59-2173005

Applied For

Not Applicable

Zip

34116

Country

US

Zip

34116

Country

US

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSE, WILLIAM B
2111 41ST TERR SW
NAPLES, FL
34116

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P
NAME ROSE, WILLIAM B ☐ Delete
STREET ADDRESS 2111 41ST TERR SW
CITY-ST-ZIP NAPLES, FL 00000

TITLE ST
NAME ROSE, WANDA W ☐ Delete
STREET ADDRESS 2111 41ST TERR SW
CITY-ST-ZIP NAPLES, FL 00000

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Wanda Rose Sec/Treas.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/00
Date

941-348-1893
Daytime Phone #

CR2E034 (9/99)